

If you need to list more hearings, check the box and fill out an *Additional Transcripts* form. Insert it after this page.

In **3**, enter the names and addresses of any lawyers or other parties who have appeared in court for the parties. If the other party has a lawyer, you must list the lawyer's information.

If you need to list more parties or lawyers, check the box and fill out an *Additional Parties or Lawyers* form. Insert it after this page.

Sign and print your name. Enter your address, telephone number, and email.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

CAUTION: If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

Date: _____ Time: _____ a.m. p.m. Courtroom: _____

I have listed additional hearings for which transcripts are needed on the attached *Additional Transcripts* form.

3. Name and address of the other party or their lawyer (*if applicable*):

First Middle Last

Street City State Zip

Email Phone

I have listed additional lawyers on the attached *Additional Parties or Lawyers* form.

/s/ Your Signature Street Address

Print Your Name City, State, ZIP

Email Telephone

PROOF OF SERVICE (You must serve the other party and complete this section)

1. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

b. By: Personal hand delivery

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

Email (*not through an EFM or EFSP*)

Enter the Case Number given by the Appellate Court Clerk: _____

Mail from a prison or jail at:

Name of prison or jail

In c, fill in the date and time that you sent the document.

c. On: _____
Date

At: _____ a.m. p.m.
Time

In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.

2. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

b. By: Personal hand delivery

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

Email (not through an EFM or EFSP)

Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ a.m. p.m.
Time

In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c. Otherwise leave 3 blank.

3. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt.# City State ZIP

Email Address: _____

b. By: Personal hand delivery

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

Third-party commercial carrier, with delivery paid for at:

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The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

Email (not through an EFM or EFSP)

Enter the Case Number given by the Appellate Court Clerk: _____

Mail from a prison or jail at:

Name of prison or jail

If you are serving more than 3 parties or lawyers, check the box and fill out an *Additional Proof of Service* form. Insert it after this page.

c. On: _____
Date

At: _____ a.m. p.m.
Time

I have completed an *Additional Proof of Service* form.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/ _____
Your Signature

Print Your Name

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.